

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 719276	RECEIPT DATE:	12 / 08 / 00
IA NUMBER:	PCT/ GB99 / 02190	IA FILING DATE:	07 / 08 / 99
FAMILY NAME:	ADAMS	DELAY WAIVED (Y/N):	N
GIVEN NAME:	GUY DE WARRENNE BRUCE	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	07 / 08 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	30990094US	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	OHLANDT GREELEY RUGGIERO & PERLE		
STREET:	ONE LANDMARK SQUARE 10TH FLOOR		
CITY:	STAMFORD		
STATE/COUNTRY:	CT	ZIP:	069012682
EMAIL:			
APPLICATION TITLES:			
	PRINTED IMAGE WITH RELATED SOUND		

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/719,276	FILING DATE 12/08/2000 RULE -	CLASS 295 346	GROUP ART UNIT 2051 2612	ATTORNEY DOCKET NO. 30990094US
APPLICANTS Guy De Warrenne Bruce Adams, Gloucestershire, ENG ; David Mark Frohlich, Bristol, ENG ; Malcolm Stuart Rix, San Diego, CA ;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/GB99/02190 07/08/1999				
** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 98305436.2 07/08/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/26/2001				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/> Examiner's Signature Initials		STATE OR COUNTRY ENG	SHEETS DRAWING 8	TOTAL CLAIMS 37
INDEPENDENT CLAIMS 2				
ADDRESS Paul D Greeley Ohlandt Greeley Ruggiero & Perle Suite 903 One Landmark Square Stamford, CT 06901				
TITLE Printed image with related sound				
FILING FEE RECEIVED 1166	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	